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## PERMANENT COMMISSION ON THE STATUS OF WOMEN

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**Testimony of  
Leslie J. Gabel-Brett  
Executive Director  
The Permanent Commission on the Status of Women  
Before the  
Public Health Committee  
Friday, March 3, 2006**

### In support of

**H.B. 5233, AA Increasing Funding for Breast and Cervical Cancer Detection and Screening**

**H.B. 5474, AAC Nurse Midwifery**

Good morning Senator Murphy, Representative Sayers and members of the committee. My name is Leslie Gabel-Brett and I am the Executive Director of the Permanent Commission on the Status of Women. Today, I am testifying on behalf of the PCSW and the Connecticut Women's Health Campaign (CWHC), a statewide coalition of organizations representing consumers, providers and policy experts with particular interests in women's health care.

**H.B. 5233, AA Increasing Funding for Breast and Cervical Cancer Detection and Screening**

We support passage of H.B. 5233, which would provide increased funding to approximately \$2.6 million to the Breast and Cervical Cancer Detection and Screening program (BCCEDP). We were strong supporters of the BCCEDP program when it was initiated in 1995 because it provides screening for the early detection of breast and cervical cancers among low-income and uninsured women who are typically underserved. Specifically, it provides clinical breast examinations, mammograms, pap tests, surgical consultation, and diagnostic testing for abnormal results. Since its inception, it has screened 35,000 women - 350 were diagnosed with breast cancer and 201 were diagnosed with cervical cancer. In the past fiscal year 2004-2005, 8,100 women were screened.<sup>1</sup>

This important program is now significantly under-funded. In FY 2005-2006, the program spent 85% of its funding in the first six months, and will not be able to continue to screen all of the women in need. Providers must turn women away, put them on waiting lists or postpone life-saving screens until the beginning of the next fiscal year. The proposed additional funding for FY 2007 will keep providers from running out of money mid-year and allow them to continue this essential service for 1,000 additional women. (We hope the Appropriations Committee will also find funding to keep the program open this fiscal year.)

Breast cancer is the second leading cause of cancer death among North American women.<sup>2</sup> Timely mammograms among women 40 years and older could prevent 30% to 48% of all deaths from breast cancer.<sup>3</sup> In Connecticut, one-third of women 40 years or older reported they did not have a mammogram within the past year, and 2,739 Connecticut women were diagnosed with breast cancer.<sup>45</sup>

There are significant racial and ethnic health disparities for breast cancer. In Connecticut, White women have a breast cancer incidence rate of 135.5. This rate is higher than Blacks (121.7), Asian and Pacific Islanders (109.3) and Hispanics (107.2). However, Black women have a higher estimated mortality rate than White women, 33.8 and 25.4 respectively.<sup>6</sup> The disparity between incidence and mortality rates is attributed to Black women being diagnosed with breast cancer at a later stage, when five-year survival is less likely.<sup>7</sup> This data strongly suggests that early detection of breast cancer in Black women would reduce the disproportionately high mortality rates experienced by this group.

Cervical cancer, once the number one cancer killer of women, now ranks 13th in cancer deaths for women in the United States, largely due to introduction of the Pap test.

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<sup>1</sup> Connecticut Statistics on the BCCEDP provided by Lisa McCooey, Department of Public Health, 2/06.

<sup>2</sup> Humphrey, L., Helfand, M., Chan, B., & Woolf, S. (2002). Breast cancer screening: A summary of the evidence for the U. S. Preventive Services Task Force. *Annals of Internal Medicine*, 137 (5, Part 1): 347-360.

<sup>3</sup> Smith, R., et al. (2003). American Cancer Society guidelines for breast cancer screening: update 2003. *CA: A Cancer Journal for Clinicians*, 53: 141-169.

<sup>4</sup> Centers for Disease Control and Prevention. Behavioral Risk Factor and Surveillance System, 2002.

<sup>5</sup> Connecticut Department of Public Health. (2005). *Cancer Incidence in Connecticut, 2002*.

<sup>6</sup> National Cancer Institute. *State Cancer Profiles 2002*, <http://statecancerprofiles.cancer.gov/incidencerates/incidencerates.html>

<sup>7</sup> Ries, L.A.G., M.P. Eisner, C.L. Kosary, et al (eds). 2001. *SEER Cancer Statistics Review, 1973-1998* Bethesda, MD: National Cancer Institute.

When cervical cancers are detected at an early stage, the five-year survival rate is approximately 92 percent.<sup>8</sup> In 2002, 114 Connecticut women were diagnosed with invasive cervical cancer.<sup>9</sup>

### **H.B. 5474, AAC Nurse Midwifery**

We also support passage of H.B. 5474, which would revise the scope of practice and licensure requirements for nurse-midwives. Nurse midwives provide essential women's health care such as gynecological exams, family planning, prenatal care, and postpartum care of newborns. They partner with hospitals so they have access to hospital facilities and doctors if needed. As a result, patients have the benefit of traditional hospital services as well as the unique services of midwives. A number of nurse midwives serve low-income women at Planned Parenthoods and Federal Qualified Health Centers (FQHC's), which is particularly important because many doctors are going into their own practices rather than work at these institutions.

We support opportunities to increase the participation of nurse midwives in delivering women's health care for those who choose it. Many nations in Europe and other parts of the world rely more on nurse-midwives and have lower infant mortality rates than we have in the United States. According to the American Public Health Association, midwives are the main providers of care in 75% of all European births, but participate in fewer than 10% of all births in the U.S.<sup>10</sup> Health care delivered by nurse-midwives is women-centered care, and it is less costly.

We thank you for your attention and urge your support of these proposals.

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<sup>8</sup> Saslow, D., et al. (2002). American Cancer Society Guideline for the Early Detection of Cervical Neoplasia and Cancer. *CA: A Cancer Journal for Clinicians*, 52:342-362.

<sup>9</sup> Connecticut Department of Public Health. (2005). *Cancer Incidence in Connecticut, 2002*.

<sup>10</sup> American Public Health Association, position paper, Supporting Access to Midwifery Services in the United States, 2000, [www.apha.org](http://www.apha.org)